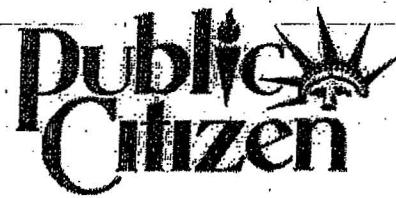


override shipley	CT TO LYNCH	1	2	1	2	1	1	1
	CT/CXR TO LYNCH	1	3	1	1	1	2.	1
	GET ATSDR STUDY REPORT	1	2	1	2	2	1	1
	CXR TO LYNCH	1	1	1	1	4	1	1
	CXR TO LYNCH	1	2	1	1	1	2	1
	CXR TO LYNCH	1	2	1	2	1	1	1
		1	3	2	3	4	1	1
	7/9/01 CXR4/18/01 CT TO LYNCH	1	2	2	2	1	1	1
	OLD & NEW/CT/CXR TO LYNCH	1	2	1	1	1	1	1
	CT/CXR TO LYNCH	1	2	2	2	1	1	1
	CT/CXR TO LYNCH	1	1	2	2	2	2	1
	CT/CXR TO LYNCH	2	2	1	1	1	1	1
		3	1	2	1	1	1	1
		2	2	1	2	1	1	1
		3	1	1	2	1	2	2
		2	1	1	1	1	1	1
		2	2	1	2	2	2	1
		2	1	1	1	1	1	1
	LAST 2 CXRS TO LYNCH	2	2	1	1	2	1	1
	NEW CXR/ + CT TO LYNCH	2	3	2	2	1	2	1
		2	2	1	1	1	1	1
		2	3	2	1	1	2	1
		3	3	2	2	2	2	1
		2	3	2	1	1	2	1
		2	2	1	1	1	1	1
	CT/CXR TO LYNCH	2	2	1	2	1	1	1
		2	2	1	1	1	1	1
		2	1	1	1	1	1	1
		2	1	2	1	1	1	1
		3	3	1	1	3	1	1
		3	3	2	2	4	1	1
	CXR TO LYNCH	3	3	3	3	3	1	1
		2	3	1	3	1	2	1
	CT/CXR TO LYNCH	2/5	1	1	1	1	1	1

KEY TO SHEET 1			
EXPOSURE	GR= GRACE EMP	F= FAMILY	E= ENVIRONMENTAL
SYMPTOMS			
SOB	1 = NONE	2= MILD	3= MOD SOB STAIRS/HILLS
PLEURISY	1-NONE	2=INTERMITTANT	3=CONTANT
COUGH	1=NONE	2=INTERMITTANT	3=CONSTANT
EXAM			
RESTRICTION	1=NONE	2=MILD/MOD	3=SEVERE
RALES	1=NONE	2=PRESENT	
RUB	1=NONE	2=PRESENT	
HNA STATUS	1=NO DISEASE DENIED	2= PLEURAL PLAQUE(S) ACCEPTED	3=DIFFUSE PLEURAL THICKENING/ACCEPTED.
XRAY AND CT READS	1= NORMAL	2= PLEURAL PLAQUE(S) (MM)	3= DIFFUSE PLEURAL THICK (MM)
CARD DIAGNOSIS	1= NO DISEASE	2= PLEURAL PLAQUE ISOLATED	3=DIFFUSE PLEURAL THICK OR MULT PLAQUES
HNA DIAGNOSIS	1= NO DISEASE	2= PLEURAL PLAQUE ISOLATED	3=DIFFUSE PLEURAL THICK OR MULT PLAQUES
OXYGEN USAGE	1= NONE	2= NOCTURNAL ONLY	3= CONTINUOUS
DEATH	DATE AND CAUSE		

4= SEVERE SOB REST, WALKING SHORT DIST					
4= COPD					
4=ASBESTOSIS ACCEPTED	5=ABN CXR/ OTHER FAT/ DENIED				
4=FAT	5= INTERSTITIAL DISEASE (ILO IF APPL)	6= OTHER	7= PLEURAL EFFUSION	8= NODULE OR CANCER	
4= FAT	5= ASBESTOSIS	6= OTHER	7= PLEURAL EFFUSION	8= NODULE OR CANCER	
4= FAT	5= ASBESTOSIS	6= OTHER	7= PLEURAL EFFUSION	8= NODULE OR CANCER	
4= WITH EXERCISE					



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Joan Claybrook, President

Leading Medical Experts Fault Arbitrary, Outdated Medical Criteria in Asbestos Bill

Flawed Standards Will Deny Compensation to Many Legitimate Victims of Asbestos Disease

Four of the country's leading experts in the diagnosis and treatment of asbestos diseases are opposing the medical standards that claimants must meet to qualify for coverage under the \$140 billion trust fund set up by the asbestos bill, S. 852, to compensate individuals injured by exposure to the toxic mineral. These clinicians and researchers are:

Michael Harbut, MD, MPH, FCCP, Chief of the Center for Occupational and Environmental Medicine, Co-Director of the National Center for Vermiculite and Asbestos-Related Cancers at the Karmanos Cancer Institute and past chair of the American College of Chest Physicians. According to Dr. Harbut, who currently treats over 2,000 individuals a year, most of whom suffer from asbestos-related diseases, the bill would exclude over 40 percent of his patients despite the fact that their illnesses are clearly attributable to asbestos exposure. Dr. Harbut contends that one former iron worker he has treated for about eight years, and who recently required a double lung transplant, would not have qualified for relief under the bill until perhaps two years ago, when his condition was already so advanced that there was little hope of saving his lungs.

Philip J. Landrigan, MD, MSc, DIH, Chair of the Department of Community and Preventive Medicine at Mount Sinai School of Medicine (the department founded by Dr. Irving J. Selikoff, renowned "Father of Asbestos Research in the United States"), which has been the major provider of diagnostic services to over 12,000 workers at the Ground Zero site of the World Trade Center destruction. According to Dr. Landrigan, a board-certified specialist in occupational medicine (among other specialties) and a member of the National Academy of Sciences' Institute of Medicine, tens of thousands of legitimate lung cancer victims would be shut out of the fund by the bill's medical criteria.

Alan C. Whitehouse, MD, FCCP, Senior consulting physician at the Center for Asbestos Related Disease in Libby, Montana, and the pulmonary specialist who first identified asbestos-induced disease among W.R. Grace miners and factory workers in Libby. According to Dr. Whitehouse, whose patients are largely community members with no direct occupational exposure but who nevertheless developed asbestos diseases because of the toxic dust deposited by the W.R. Grace mine and factory into the air and soil, the bill's medical criteria would exclude 90 percent of the individuals he treats, knocking them down to the lowest disease

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category, "Level 1," where they are only entitled to x-ray and lung function tests once every three years.

L. Christine Oliver, MD, MPH, MS, FACPM, Assistant Clinical Professor of Medicine at Harvard Medical School and Associate Physician of Pulmonary and Critical Medicine at Massachusetts General Hospital. According to Dr. Oliver, who has spent years treating asbestos victims, thousands of exposed individuals who have demonstrated abnormalities on chest x-rays and are therefore at significantly increased risk of developing cancer will be denied vital long-term follow up because of the limitations on medical monitoring in the Level 1 category. These individuals may be prevented from discovering they have cancer until it is too late to stall or reverse the progress of the disease.

And that's not all. The *American Thoracic Society* has published criteria that disagree considerably with the medical criteria in the bill, although they do not take a position for or against the legislation. The *American Public Health Association*, a membership organization consisting of over 50,000 public health professionals, also disagrees with the medical criteria put forth in the bill.

What is at Stake

The staggering scale of the asbestos epidemic that has already sickened or killed hundreds of thousands of people in the U.S. is underscored by the number of potential victims: some 27.5 million workers exposed to asbestos on the job from 1940-1978, and who in turn contaminated their own families; thousands of residents of Libby, Montana, where asbestos-tainted vermiculite was mined and manufactured into Zonolite insulation for 70 years; hundreds of thousands of people living in the 28 sites nationwide that received 80 percent of the vermiculite mined in Libby from 1964-1980, and those living in the remaining 172 sites where vermiculite was used in factory processing; the residents of over 30 million houses in the U.S. that, according to the EPA, still have vermiculite insulation; the thousands of New Yorkers living and working in proximity to the site of the World Trade Center's destruction.

An analysis conducted in 1982 projected up to 9,700 cancer deaths each year of workers occupationally exposed to asbestos, and an estimated total 500,000 worker mortalities between 1967 and 2030. But this did not include sickness and death from non-malignant asbestos diseases, nor the full range of potential occupational victims (such as demolition and renovation workers), or those exposed to risks after 1979. And, it only covered workers. Some 10,000 people died of asbestos-related diseases in 2003 alone, and because of the 20-50 year latency period between toxic exposure and manifestation of symptoms—and the fact that asbestos was not strictly regulated until 1986—experts now predict that the peak for both malignant and non-malignant forms of asbestos-related diseases will not be reached until 2018.¹ Disease projections vary widely, ranging from 750,000 to 2.6 million future claims of sickness and death associated with asbestos.² A 2003 Congressional Budget Office estimated some 1.7 million claims over the next three decades.³

¹ Nicholson WJ, Perkel G, Selikoff IJ. 1982. *Occupational exposure to asbestos: population at risk and projected mortality -- 1980-2003*. Am J Ind Med 3:259-311.

² Testimony of Laura S. Welch, MD, Medical Director, Center to Protect Workers Rights, before the Senate Judiciary Committee, June 2003.

³ Congressional Budget Office Cost Estimate: S. 1125 Fairness in Asbestos Injury Resolution Act, October 2003.